GHT

WCA GROUP HEALTH TRUST

OUT-OF-NETWORK REFERRAL FORM

Fax to: **Group Health Trust**
262-781-0026

Group Name: Fond du Lac County **Group Number: WCA0020**

Employee/Member Name:_____

Member ID #: _____

Patient Name: _____

Name of PPO Referring Physician: _____

Clinic/Hospital: _____

Name of Non-PPO Physician Being Referred To: _____

Clinic/Hospital: _____

Reason for Referral & Date of Service: _____

_____

_____

Referring Physician's Signature Date

The PPO level of benefits will be payable for the Non-PPO Providers if the above Referral Form is completed and signed by the Referring PPO Provider.

Or Mail To: Aegis Corporation
18550 W Capitol Drive
Brookfield, WI 53045
Phone: 1.800.236.6885